



**Payment Authorization Summary**

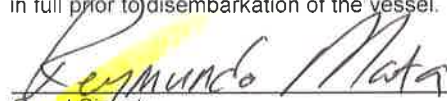
**Disney Cruise Line**

Ship Name: **Disney Magic**  
Stateroom: **1073**  
Sailing Date: **Sunday, April 17, 2016**  
Reservation Number: **26137089**

Magical Cruise Company, Ltd. dba Disney Cruise Line  
210 Celebration Place, Celebration, FL 34747  
Mailing Address: P.O. Box 10210, Lake Buena Vista, Florida 32830

Credit Card: **VISA**  
Card Number: **XXXXXXXXXXXX5765**  
Guest Name: **REYMUNDO MATA JR**  
Cardholder's Name as it appears on credit card: **MATA REYMUNDO**  
Expiration Date: **06/19**

By signing below, I assume full responsibility for all amounts due in connection with my Disney cruise vacation. I authorize all such amounts due to be charged to the credit card listed above, or agree to make alternate payment in full prior to disembarkation of the vessel.

  
Guest Signature

Each stateroom will have two portable phones for your use during the cruise. The phones must be left in your stateroom on the last day of the cruise. If the phones are not left in the stateroom upon disembarkation, or are damaged, the amount of \$250.00 per phone will be charged to your stateroom folio.

I accept financial responsibility for these Guests:  
**REYMUNDO MATA JR**

The following Guests are authorized to charge to my Key to the World account:  
**REYMUNDO MATA JR**

# RECENT TRAVEL HISTORY AND HEALTH QUESTIONNAIRE

The Centers for Disease Control and Prevention (CDC) has issued a Level 3 travel notice for U.S. citizens to avoid nonessential travel to specific West African nations. In an abundance of caution, we are actively verifying with our guests that they are following this guidance along with the guidance of local health authorities in the ports we visit. Only one form is required per stateroom.

Name: <u>Raymundo Mata</u>	Stateroom Number: <u>1073</u>
Number of Guests in Your Stateroom:	Sail Date: <u>4-17-2016</u>
Ship Name: <u>Disney Magic</u>	<u>Disney Dream</u> <u>Disney Wonder</u> <u>Disney Fantasy</u>

(circle one)

	YES	NO
Have you or any occupant of your stateroom traveled to Guinea, Liberia or Sierra Leone in West Africa within 42 days of the start of your cruise vacation?		X
Have you or any occupant of your stateroom been in direct physical contact (having cared for, lived with, or had direct contact) with a confirmed or suspected Ebola case within 42 days of the start of your cruise vacation?		X

**If you've answered YES above, please call us at 866-325-2112 prior to sailing.**

The questions below should be answered on the day of sailing about any current symptoms:

	YES	NO
Are you or any occupant of your stateroom experiencing a fever AND/OR any one of the following symptoms: sore throat, cough, runny nose, muscle aches or headache?		X
Within the last 3 days, have you or any occupant of your stateroom developed symptoms of vomiting or diarrhea?		X

Signature Raymundo Mata

The person signing this form does so on behalf of all Guests occupying the stateroom listed above and certifies that the above declaration is true and correct and that any dishonest answers may have serious public health implications.

**Be certain to bring this signed document with you to the cruise terminal building.**

Thank you for taking the time to complete this questionnaire.  
We appreciate your cooperation in this important matter.

CRUISE CONTRACT (v. 9)

Magical Cruise Company, Ltd. dba Disney Cruise Line  
200 Celebration Place, Celebration, FL 34747  
Mailing Address: P.O. Box 10299, Lake Buena Vista, FL 32830

Reservation #: 26137089  
Ship Name: Magic Stateroom #: 1073  
Sailing Date: 4-17-16

BY SIGNING BELOW, GUEST OR GUEST'S ADULT ACKNOWLEDGES THAT HE OR SHE HAS READ AND UNDERSTANDS THIS CRUISE CONTRACT.

Marta Leymundo Ramundo Marta  
PRINT: Last/First Name SIGNATURE

PRINT: Last/First Name SIGNATURE

PRINT: Last/First Name SIGNATURE

PRINT: Last/First Name SIGNATURE

For all Guests that are a minor, the Guest's Responsible Adult must print names and sign below:

LAST NAME FIRST NAME (MINOR)

(Print Name of Responsible Adult)

(Signature of Responsible Adult)

LAST NAME FIRST NAME (MINOR)

(Print Name of Responsible Adult)

(Signature of Responsible Adult)